Saskatchewan Ministry of Health

Drug Plan and Extended Benefits Branch

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SASKATCHEWAN FORMULARY BULLETIN UPDATE TO THE 59th EDITION OF THE SASKATCHEWAN FORMULARY

NEW FULL FORMULARY LISTINGS EFFECTIVE AUGUST 1, 2009:

- Olmesartan medoxomil, tablet, 20mg, 40mg (Olmetec-SCP)
- Olmesartan medoxomil/HCTZ, tablet, 20mg/12.5mg, 40mg/12.5mg, 40mg/25mg (Olmetec Plus-SCP)
- Telmisartan/HCTZ, tablet, 80mg/25mg (Micardis Plus-BOE)

NEW FULL FORMULARY LISTINGS EFFECTIVE OCTOBER 1, 2009:

- Levonorgestrel, tablet, 0.75mg (NorLevo-BAY)
- Oxycodone HCl, controlled release tablet, 15mg, 30mg, 60mg (OxyContin-PFR)
- Perindopril erbumine/indapamide, tablet, 8mg/2.5mg (Coversyl Plus HD-SEV)
- Quetiapine fumarate, extended release tablet, 150mg (Seroquel XR-AST)

NEW EXCEPTION DRUG STATUS LISTINGS EFFECTIVE AUGUST 1, 2009:

- Alendronate sodium/cholecalciferol [vitamin D3], tablet, 70mg alendronate/140ug cholecalciferol [5600IU vitamin D3] (Fosavance 70/5600-MSD)

For treatment of osteoporosis.
Note: All beneficiaries with current EDS approval for alendronate sodium, tablet, 10mg, 70mg have been updated with EDS approval for Fosavance 70/5600.

- Darifenacin, extended release tablet, 7.5mg, 15mg, (Enablex-NVR)

For treatment of patients intolerant to oxybutynin chloride.

- Somatropin, injection, 24mg (Humatrope-LIL)

For coverage according to the current criteria for somatropin.

NEW EXCEPTION DRUG STATUS LISTINGS EFFECTIVE OCTOBER 1, 2009:

- Darunavir, tablet, 600mg (Prezista-JAN)

For coverage according to the current criteria for darunavir.

- Solifenacin succinate, tablet, 5mg, 10mg (Vesicare-APC)

For treatment of patients intolerant to oxybutynin chloride.

- Ustekinumab, solution for injection, 45mg/0.5ml (Stelara-JAN)

For the treatment of adult patients with severe debilitating plaque psoriasis who meet all of the following criteria:
i) Failure to respond to, contraindications to, or intolerant of methotrexate and cyclosporine; **AND**
ii) Failure to respond to, intolerant to or unable to access photo therapy.
Coverage will be approved initially for the induction phase of up to 16 weeks. Coverage can be renewed in patients who have responded to therapy. This product should be used in consultation with a specialist in this area.

REVISED EXCEPTION DRUG STATUS CRITERIA EFFECTIVE AUGUST 1, 2009:

- Abatacept, powder for solution, 250mg/vial (Orencia-BMY)

a) For treatment of severely active rheumatoid arthritis when used in combination with DMARDs (unless these agents are contraindicated) in patients who have failed to respond to an adequate trial of an anti-TNF agent. This drug should **NOT** be used in **combination** with anti-TNF agents.
b) For treatment of juvenile idiopathic arthritis in children who are intolerant to, or have not had an adequate response from etanercept. Initial treatment should be limited to a maximum of 16 weeks. Retreatment should only be permitted for children who had an adequate initial treatment response and subsequently experience a disease flare.

REVISED EXCEPTION DRUG STATUS CRITERIA EFFECTIVE OCTOBER 1, 2009:

- Botulinum toxin type A, injection, 100IU/vial (Botox-ALL)

For the treatment of:
a) Eye dystonias, that is, blepharospasm and strabismus.
b) Cervical dystonia, that is, torticollis.
c) Other forms of severe spasticity.
d) Hyperhidrosis of the axilla.
e) Children with non-neurogenic functional outflow obstruction due to external sphincter over-activity who are not candidates for or who have not responded to other options.
f) Spinal cord injury patients with chronic urinary retention who are not candidates for or who have not responded to other options.
Note: This criteria does not apply to patients with multiple sclerosis.
g) Severe neurogenic bladder dysfunction in patients who have failed treatment with two anticholinergic drugs, who are unable to take these drugs because of adverse effects, who have definite evidence of detrusor hyperactivity on cystometrogram done by a qualified urodynamicist.

- Dalteparin sodium, syringe, 2,500IU/ml (0.2ml), 25,000IU/ml, (0.2ml, 0.3ml, 0.4ml, 0.5ml, 0.6ml, 0.72ml); injection solution, 10,000IU/ml (1ml), 25,000IU/ml (3.8ml) (Fragmin-PFI)

AND

- Nadroparin calcium, syringe, 9,500IU/ml (0.3ml, 0.4ml, 0.6ml, 0.8ml, 1.0ml) (Fraxiparine-AVT); syringe, 19,000IU/ml (0.6ml, 0.8ml, 1ml) (Fraxiparine Forte-AVT)

AND

- Tinzaparin sodium, syringe, 10,000IU/ml (0.35ml, 0.45ml), 20,000IU/ml (0.5ml, 0.7ml, 0.9ml); injection solution, 10,000IU/ml (2ml), 20,000IU/ml (2ml) (Innohep-LEO)

a) For treatment of venous thromboembolism for up to 10 days.

b) For prophylaxis following total knee arthroplasty for up to 35 days.
c) For major orthopedic trauma for up to 10 days (treatment duration may be reassessed).
d) For long-term outpatient prophylaxis in patients who are pregnant.
e) For long-term outpatient prophylaxis in patients **who have a contraindication to,** are intolerant to, or have failed, warfarin therapy.
f) For long-term outpatient prophylaxis in patients who have lupus anticoagulant syndrome.
g) Prophylaxis in patients undergoing total hip replacement or following hip fracture surgery for up to 35 days following the procedure.

- Enoxaparin, syringe, 30mg/ml, 40mg/ml, 60mg/ml, 80mg/ml, 100mg/ml (Lovenox-AVT); injection solution, 100mg/ml (3ml); 150mg/ml (Lovenox HP-AVT)

a) For treatment of venous thromboembolism for up to 10 days.
b) For prophylaxis following total knee arthroplasty for up to 35 days.
c) For major orthopedic trauma for up to 10 days (treatment duration may be reassessed).
d) For long-term outpatient prophylaxis in patients who are pregnant.
e) For long-term outpatient prophylaxis in patients **who have a contraindication to,** are intolerant to, or have failed, warfarin therapy.
f) For long-term outpatient prophylaxis in patients who have lupus anticoagulant syndrome.
g) For treatment of pediatric patients where anticoagulant therapy is required and warfarin therapy cannot be administered.
h) Prophylaxis in patients undergoing total hip replacement or following hip fracture surgery for up to 35 days following the procedure.

CHANGE FROM EXCEPTION DRUG STATUS TO FULL FORMULARY LISTING EFFECTIVE AUGUST 1, 2009:

- Bisoprolol fumarate, tablet, 5mg, 10mg (BVL, APX, NOP, PMS, SDZ)

NEW INTERCHANGEABLE FULL FORMULARY OR EDS LISTINGS EFFECTIVE JULY 1, 2009:

- Levofloxacin, tablet, 250mg, 500mg (APX, COB, GPM, PMS, SDZ); 750mg (APX, COB, NOP, PMS, SDZ)

NEW INTERCHANGEABLE FULL FORMULARY OR EDS LISTINGS EFFECTIVE AUGUST 1, 2009:

- Fentanyl, transdermal system, 12ug/hr, 25ug/hr, 50ug/hr, 75ug/hr, 100ug/hr (Sandoz Fentanyl MTX-SDZ)
- Hydrochlorothiazide, tablet, 12.5mg (Apo-Hydro-APX)
- Raloxifene HCl, tablet, 60mg (Novo-Raloxifene-NOP)
- Terbinafine HCl, tablet, 250mg (pms-Terbinafine-PMS)

NEW INTERCHANGEABLE FULL FORMULARY OR EDS LISTINGS EFFECTIVE AUGUST 15, 2009:

- Rivastigmine, capsule, 1.5mg, 3mg, 4.5mg, 6mg (Sandoz Rivastigmine-SDZ)
- Ropinirole HCl, tablet, 0.25mg, 1mg, 2mg, 5mg (CO Ropinirole-COB) (Ran-Ropinirole-RAN)

NEW INTERCHANGEABLE FULL FORMULARY OR EDS LISTINGS EFFECTIVE SEPTEMBER 1, 2009:

- Ciprofloxacin, tablet, 250mg, 500mg, 750mg (Mint-Ciprofloxacin-MNT)
- Fluconazole, capsule, 150mg, (CO Fluconazole-150-COB)
- Lisinopril, tablet, 5mg, 10mg, 20mg (Mint-Lisinopril-MNT)
- Omeprazole, capsule, 10mg, 20mg (MYLAN-Omeprazole-MYL)
- Pioglitazone HCl, tablet, 15mg, 30mg, 45mg (Mint-Pioglitazone-MNT)
- Pravastatin, tablet, 10mg, 20mg, 40mg (Mint-Pravastatin-MNT)
- Rivastigmine, capsule, 1.5mg, 3mg, 4.5mg, 6mg (pms-Rivastigmine-PMS)
- Ropinirole HCl, tablet, 0.25mg, 1mg, 2mg, 5mg (pms-Ropinirole-PMS)
- Simvastatin, tablet, 5mg, 10mg, 20mg, 40mg, 80mg (Ran-Simvastatin-RAN)

NEW INTERCHANGEABLE FULL FORMULARY OR EDS LISTINGS EFFECTIVE OCTOBER 1, 2009:

- Amlodipine besylate, tablet, 5mg, 10mg, (APX, COB, GDI, GPM, NOP, PMS, RAN, RPH, SDZ)
- Fentanyl, transdermal system, 25ug/hr, 50ug/hr, 75ug/hr, 100ug/hr (Duragesic MAT-JAN)
- Rivastigmine, capsule, 1.5mg, 3mg, 4.5mg, 6mg (MYL, NOP, RPH)

FROM THE ADVISORY COMMITTEE ON INSTITUTIONAL PHARMACY PRACTICE (ACIPP)

- Ceftobiprole medocaril, injection, 500mg (Zeftere-JAN)

For use as a second/third line agent for suspected or proven MRSA infections, or as a second/third line agent for suspected or proven mixed infections. This agent should be reserved for use by an infectious disease specialist.

- Rituximab, injection solution, 10mg/ml (Rituxan-HRL)

For treatment of antibody-mediated rejection in kidney transplant patients.

Note: the brand name will not appear in the HBDL as only generic names are published in this list.

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